



Toll-free fax: 866-808-7538
Custom Upper Extremity
Order and Measuring Form

Custom products have an estimated lead time of 10-14 business days
The ReidSleeve® Products are available for the upper and lower extremities. FDA Class 1. CFR 880.5160.

Check all products for this order:

- Classic ReidSleeve® w/ Gauge
Classic ReidSleeve® w/o Gauge
Carry Case
Precise Gauge (stand alone)
TheCinch®
OptiFlow® EC
Comfort Sleeve® w/ PowerSleeve(s)
Comfort Hand Piece w/ PowerSleeve(s)
Comfort Plus® w/ PowerSleeve(s)
Extend to fingertips
The Opera® w/ PowerSleeve(s)
OptiFlow® SC w/ PowerSleeve(s)
The Jazz® w/ PowerSleeve(s)
PowerSleeves® (stand alone) Quantity: _____

material colors are subject to change without notice

Custom Options - Universal:

- Shoulder Extension (NEW)
Shoulder Extension (OLD)
Foam Density: Light
Foam Density: Medium
Foam Density: Heavy

Custom Options - Classic Only:

- Axilla cut-out
Classic Glove design
Asymmetrical (Use Asymmetrical form)
Zipper
D-rings

Custom Colors - Classic only:

- Default color is Black
Shell: _____
Accent: _____
Liner: _____

Custom Colors - Jazz Only:

- Default color is Black
Liner: _____
PowerSleeve: _____

Special Requests:

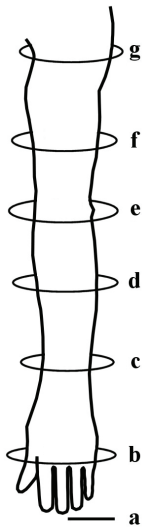
Blank lines for special requests

Measuring For:

- Left Side
Right Side

Measuring In:

- Inches
Centimeters



Fill In All Circumferences:

- g Axilla
f Bicep
e Elbow
d Forearm
c Wrist
b Palm

Fill In All Lengths:

- a-g Fingertips to Axilla
b-g Knuckles to Axilla
c-g Wrist to Axilla
c-f Wrist to Bicep
c-e Wrist to Elbow
c-d Wrist to Forearm
c-b Wrist to Knuckles
c-a Wrist to Fingertips

Patient Information

Name or Order# _____ Height _____ Weight _____
I authorize release of my name to Peninsula BioMedical Inc. for identification purposes related to manufacturing of my custom garment.

Signature (patient)

Date

For Peninsula BioMedical Use Only

Finished goods inspected for quality compliance to above specifications:

By _____ Date _____

Bill To

PO Number _____
Name _____
Address: _____
Phone: _____

Ship To

(if different than billing info)

Name _____
Address: _____
Phone: _____

Method of Shipping

(default method is 3-Day or Ground if destination is on the West Coast)

- Ground
3-Day
2-Day
Overnight
Other _____

Date Need Shipment Delivered *

* Peninsula BioMedical reserves the right to change shipping method if deemed necessary to accommodate a specific delivery date. Expedited orders will incur a 10% fee.

I understand that this is a custom made garment and the garment will be made to the measurements specified above. Peninsula BioMedical, Inc. is not responsible for measuring errors. Should the garment need to be returned for alterations due to measurement errors, the fee for alterations are the responsibility of the undersigned.

Signature (guarantor of measurements)

Date

If credit terms have been provided, I agree to pay the total amount on the invoice within the terms on file with Peninsula BioMedical. All invoices are due and payable within 30 days or per terms of written agreement of the date listed on the invoice. Any invoice over 30 days or the written terms on file is considered delinquent and a 1.5% late fee will be assessed monthly. Should any invoice become delinquent I understand the account may be placed on a C.O.D. basis, a prepay basis or the account may be suspended.

Signature (purchaser)

Date